

**DSHS**

**Juvenile Rehabilitation Administration (JRA)**

**HIPAA Rule 1 Data Gap Analysis**

June 27, 2002

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# **1 Executive Summary**

## ***1.1 Goal***

Since all payers must support all electronic HIPAA transactions if they correspond to any of the payer's business processes, whether manual or electronic, JRA must support the following HIPAA transactions:

270/271-Eligibility Inquiry and Response

## ***1.2 Method***

The purpose of HIPAA Data Gap Analysis is to identify detailed programming/field-level issues which need remediation in order for JRA to be HIPAA compliant. The steps to accomplish this include:

1. Identify the DSHS administrations' business processes that correspond to HIPAA transactions
2. Perform data mapping (comparisons) between HIPAA transactions and legacy records
3. Identify and document the HIPAA data analysis gaps

## ***1.3 Results***

Five HIPAA business processes were identified for which data mapping should be done. All of these have been mapped and the results are documented here.

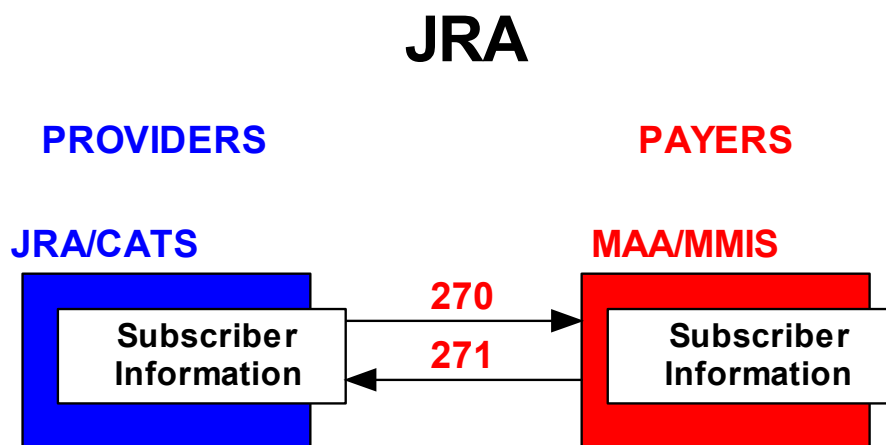
The major gaps are summarized as follows:

- Subscriber name is too short for HIPAA
- 1 HIPAA required data elements are not available from the legacy system
- 3 data elements from the request need to be stored and forwarded in the response

## 2 Identify Transactions (Step 1)

The first step is to identify which business processes must be HIPAA compliant, by comparing the HIPAA transactions (tx) descriptions with the business processes. This was partially accomplished by the Sierra business analysts and documented in their Deliverable I, and was refined during more recent discussions between Cheryl Ruele, JRA, and Francine Kitchen, HIPAA Consultant.

The following diagram shows a picture of the JRA business processes (and related systems) which correspond to HIPAA transactions.



## 3 Data Mapping (Step 2)

The second step of data gap analysis is to compare the HIPAA data elements to the legacy system data elements (fields). For example, if the administration's current information system will need to support a HIPAA claim status response, then it must contain a status code for each claim, because that is a required data element in the HIPAA transaction. The goal of data mapping is to identify:

- Where each legacy field will fit in the HIPAA transaction,
- Any HIPAA required data elements that are not stored in the legacy system,
- Any legacy system data elements that have no place to be sent in the HIPAA transaction,
- Any legacy system data elements that need to be longer to support HIPAA byte lengths,

## JRA Data Gap Analysis

A similar analysis must be done to identify all local codes that must be converted to standard codes. That was the responsibility of the Local Codes TAG (lead by Katie Sullivan), and is beyond the scope of this data mapping project.

In order to achieve the above data mapping goals, the following tasks were completed:

1. Identify which legacy system data records (tables) contain the relevant data elements for each transaction.
2. Load the legacy record layout (fieldnames, data types, byte lengths) into the gap analysis software/tool.
3. Match all the legacy record fields to a place to be sent in the HIPAA transaction, based upon HIPAA implementation guides and discussions with legacy system data content experts.
4. Identify any HIPAA required data elements that are not stored in the legacy system.
5. Document any known special processing logic that will be needed to convert data during implementation.
6. Generate a report out of the gap analysis tool to document all of the above.

The mapping report that was generated should be used not only for gap analysis, but also for implementation (in conjunction with the HIPAA Implementation Guides). It contains HIPAA data elements that are mapped to legacy fields with processing comments.

To read the formatted reports that can be exported from ACCESS, use an ACCESS viewer called SnapShot. ACCESS 2000 comes with this viewer. Anyone who doesn't have that (or any) version of ACCESS can download the viewer free from the web at:

<http://www.microsoft.com/accessdev/articles/snapshot.htm>

## 4 Identify Gaps (Step 3)

This section lists all the data issues that should be addressed in order to comply with HIPAA Rule 1 for this administration, as well as is known based on discussions with administration representatives. Based on the data mapping described in the previous section, the following sections describe the data gaps discovered. In the following tables, "Transaction", "Loop", and "Segment" identify the position of the data elements within the HIPAA transactions.

### ***4.1 270/271 Eligibility Inquiry and Response***

Payers must support the HIPAA electronic eligibility inquiry and response. Minimum support requires responding with a Yes/No whether the client is covered under a certain plan/program.

#### **4.1.1 Legacy Fields Too Short for HIPAA**

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The following legacy fields are shorter than the length of the corresponding HIPAA data elements. HIPAA Rule 1 mandates that no data be truncated. So if data is received via a HIPAA transaction that is longer than the current field where it should be stored, AND that data would ever need to be sent back out in another HIPAA transaction, then the longer length must be accommodated.

Trans-action	Loop	Segment	HIPAA Data Element	HIPAA Length	Legacy Field Name	Legacy Length
All	All	NM103	Subscriber Last or Organization Name	35	Last Nam	13
All	All	NM104	Subscriber First Name	25	First Name	9

Since there are very few fields being used by JRA transactions, these are the only ones that are too short.

### 4.1.2 Required Data That May be Defaulted or Derived

Some data elements were determined to be required under the HIPAA guidelines that do not have a corresponding data element on the current system, but are of such a nature that they may be defaulted or derived outside of the normal business process, that is, by the implemented software (clearinghouse, translator, etc.). The mapping spreadsheet contains notes about literals and default values that should be used in these cases. No gap is involved in these cases.

### 4.1.3 Legacy Data No Longer Used

There are no legacy fields that cannot be sent in the HIPAA transaction.

### 4.1.4 Required Data Not Available From Legacy System

Loop	Segment	HIPAA Data Element	Comment
Info Source	NM109	Information Source Primary Identifier	Need a local ID for JRA, that's known to MAA

### 4.1.5 Code Set Usage

Beyond the format and data elements that must be used, the implementation guides for the HIPAA transaction dictate the required code sets to be utilized in certain data elements. Based upon our analysis of the current JRA business process, there are no currently used fields with local codes that need to convert to standard code sets. Use of HIPAA code sets are in new fields to be created and in fields to be stored and returned from the request.

Use of HIPAA code sets is in new fields to be created and in fields to be stored and returned from the request—these are documented in the two previous sections.

### **4.1.6 Looping**

HIPAA transaction formats contain complex looping structures to allow repetition of sets of related data. The software that parses the 270 or 271 transaction will need to accommodate optionally:

- Multiple Information Sources (Payers) per transaction (if routed through clearinghouse),
- Multiple Information Receivers for each Information Source,
- Multiple Subscribers for each Information Receiver,
- Multiple Dependents for each Subscriber,
- Multiple Benefits (Plans/Programs) for each patient.